

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41512

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 3045		Registrar's No. 89	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY OR TOWN <u>Charleston</u>		c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		d. STREET ADDRESS (If rural, give location) <u>616 West Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>616 West Marshall</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dallas</u>		b. (Middle) _____		c. (Last) <u>Durden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 5, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 4, 1901</u>	
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common Labor</u>		11. BIRTHPLACE (State or foreign country) <u>Union City, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Durden</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Effie Durden</u> ADDRESS <u>616 W. Marshall, Charleston, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerotic Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Extreme prostatic hypertrophy</u> Interval between onset and death <u>9 hrs</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3 Mar, 1950</u> , to <u>5 Dec, 1950</u> , that I last saw the deceased alive on <u>7 Dec, 1950</u> , and that death occurred at <u>8:20 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm E. Gorman</u>		23b. ADDRESS <u>Charleston Mo</u>		23c. DATE SIGNED <u>7 Dec 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. Lee Keane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u>		ADDRESS <u>Charleston, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 15 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed _____

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Frank J. Sparks

Licensed Embalmer No. 3453

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.